

# Order Form To Purchase California's Non-Confidential Vital Statistics Files

Additional copies of this order form can be downloaded from the Center for Health Statistics website at:

<http://www.dhs.ca.gov/hisp/chs/OHIR/Publication/publicationindex.htm>

## ORDERING INFORMATION

To purchase copies of the Vital Statistics non-confidential data files on CD-ROM, please complete the attached order form. Please read and sign the agreement on the second page. **Note that signature is provided under penalty of perjury.** Please enclose your **check or money order** payable to the Department of Health Services. Files are also available for mainframe use and with personal identifiers\*. For further information, contact the Center for Health Statistics at (916) 445-6355.

**We cannot accept credit cards or purchase orders.**

**We can send invoices if needed, but cannot process orders until checks are received.**

Please mail the completed order form and check to:

Department of Health Services  
Office of Health Information and Research  
**Vital Statistics Section**  
**Attn: Jan Christensen**  
P.O. Box 942732  
304 S Street, 3rd Floor  
Sacramento, CA 95814

Phone #: (916) 445-6355

Fax #: (916) 324-5599

### **\*Confidential Files Including Personal Identifiers:**

Personal Identifiers are those fields that could identify an individual, such as names, State File Numbers, and/or Social Security Numbers. These fields are confidential and approvals are required to obtain a file that includes Personal Identifiers. On death files, only mother's maiden name and social security number are confidential.

For more information on obtaining approvals and ordering files with confidential identifiers, please see the catalog section entitled "Personal Identifiers" or contact Jan Christensen of the Vital Statistics Section or Fred Richards of the Planning and Data Analysis Section.

## ORDER FORM TO PURCHASE CALIFORNIA'S NON-CONFIDENTIAL VITAL STATISTICS FILES

Name:			Date:		
Title:			Organization:		
Street Address:				City:	
State:	Zip Code:	Phone:	Fax:		
E-Mail Address:					

NOTE: None of the below files include personal identifiers of any kind. To apply to purchase confidential files with identifiers, please contact (916) 445-6355.

CD-ROM Files:	Years Requested:	Cost:	Total:
<input type="checkbox"/> <b>Birth Statistical Master File:</b> (Years Available: 1960 – 2001)	Indicate Year or Years Requested: _____	\$200/year	\$
<input type="checkbox"/> <b>Birth Public Use File</b> (Sub-set of Birth Statistical Master File)	<input type="checkbox"/> 1989-99 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001	2001: \$100 2000: \$100 89-99: \$200	\$
<input type="checkbox"/> <b>Birth Cohort File:</b> (Years Available: 1960; 1965-1997, 1999, 2000)	Indicate Year or Years Requested: _____	\$250/year	\$
<input type="checkbox"/> <b>Death Statistical Master File:</b>	<input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98 <input type="checkbox"/> 1970-79	\$150 for each single-year file \$300 for each multi-year file	\$
<input type="checkbox"/> <b>Death Public Use File</b> (Sub-set of Death Statistical Master File)	<input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1999 <input type="checkbox"/> 1989-98	2001: \$100 2000: \$100 1999: \$100 89-98: \$200	\$
<input type="checkbox"/> <b>Merged Death File</b>	<input type="checkbox"/> 1990-94 <input type="checkbox"/> 1995-99 <input type="checkbox"/> 2000-01 <input type="checkbox"/> 1975-79 <input type="checkbox"/> 1980-84 <input type="checkbox"/> 1985-89 <input type="checkbox"/> 1960-64 <input type="checkbox"/> 1965-69 <input type="checkbox"/> 1970-74	\$200 for each five-year file \$150 for the 2000-01 file	\$
<input type="checkbox"/> <b>Multiple Cause of Death File</b> (Years Available: 1970 – 2000)	Indicate Year or Years Requested: _____	\$100/year Each year is on a separate CD.	\$
<input type="checkbox"/> <b>Fetal Death Statistical Master File:</b>	<input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 1980-88 <input type="checkbox"/> 1989-98 <input type="checkbox"/> 1970-79	\$ 50 per single- year file \$200 per multiple-year file	\$
<b>Total Enclosed (No Tax, Shipping, or Handling Fees)</b>			<b>\$</b>

Please complete the back of this form, sign and notarize the form, and mail the completed order form and check to:

Department of Health Services  
Office of Health Information and Research  
**Vital Statistics Section**  
**Attn: Jan Christensen**  
P.O. Box 942732  
304 S Street, 3rd Floor  
Sacramento, CA 95814

Phone #: (916) 445-6355

**Proposed Use (Attach additional sheets if necessary)**

**Vital Statistics Access Agreement (Signature Required)**

I, the undersigned, on penalty of perjury, agree to the following:

I agree not to sell, assign, release or otherwise transfer the files provided under this agreement or any portion thereof. I will not use files for purposes not described in this agreement without contacting the Center for Health Statistics. I agree that the files or portions of the files will not be posted on the Internet except as provided by law. I understand that per Health and Safety Code, Sec. 102426, the mother's marital status field on birth files may only be used for "demographic and statistical analysis." Utilization of vital statistics files in any way to identify an individual without formal approval of CPHS and the State Registrar is strictly prohibited. I understand that linkage of non-confidential data with other files so as to identify an individual's confidential data without prior approval may be punishable by a fine of \$500 or six months in jail (Health and Safety Code, Sec. 102475).

I further agree to the following for any material derived from these vital statistics files:

1. To acknowledge the California Department of Health Services, Center for Health Statistics as the original source.
2. To include a disclaimer that credits any analyses, interpretations, or conclusions reached to the author and not to the California Department of Health Services, Center for Health Statistics.
3. To assure that technical descriptions of the data are consistent with those provided by the California Department of Health Services, Center for Health Statistics.

User's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Certificate of Acknowledgement**

State of \_\_\_\_\_)

) ss

County of \_\_\_\_\_)

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,

- ☐ personally known to me, or  
☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE

**Center for Health Statistics (CHS) Use Only**

Application is complete \_\_\_\_\_

CHS  
Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Michael L. Rodrian, Chief  
Center for Health Statistics, Department of Health Services